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Director's Corner: 108 Years of Excellence!

Happy Birthday, Nurse Corps, and Happy Nurses' week to all Navy nurses! The Navy Nurse Corps has a long history of excellence, teamwork, and mission accomplishment. Navy nurses serve in a broad variety of environments supporting our Navy's mission and facilitating patient health and readiness across the globe.

A "Culture of Safety" is the theme of Nurses' Week 2016. During my visits to our Military Treatment Facilities, Navy nurses never cease to leave me in awe. I am inspired by your commitment to Patient Safety and your leadership of Navy Medicine's journey to become a High Reliability Organization. Many of your efforts are outlined in our first ever Navy Nurse Corps Stakeholder Report, which will be published in conjunction with our birthday celebration.

The Stakeholder Report highlights our accomplishments throughout the past year and is a document that can be shared with our fellow Corps, Services, and outside organizations. What we do, although similar to others in our profession,

is also very unique. Where we serve, how we serve, and our impact on those we serve is powerful and important to share.

This Stakeholder Report evolved from our past testimony presented by the Nurse Corps Director to the Senate Armed Services Committee. The opportunity to highlight our accomplishments and communicate topics of interests to this influential group faded away with the passing of military nursing's great champion, Senator Inouye. The Stakeholders Report is designed to disseminate our efforts and outcomes to others in our military community, as well as with those in the nursing community such as educational institutions, professional groups, and health care systems. I encourage you to read and share this document.

As we enter our 109th year of service, I am confident that Navy nurses will continue to display ingenuity, resourcefulness, and most especially commitment to profes-



Rebecca McCormick-Boyle
RADM, NC, USN

Director, Navy Nurse Corps

sional practice while leading Navy Medicine in areas such as HRO, Value Based Care, advancing LIP practice, and as always, meeting the Navy's Mission. Let our values of Caring, Compassion, and Competence guide your efforts throughout the year.



Congratulations to the Nurse Corps members of this year's BUMED PCO/PXO/PCMC course! CAPT Maria Young (PXO, Naval Hospital Camp Pendleton), CAPT Maryann Mattonen (PXO, Naval Health Clinic Annapolis), CAPT Marnie Buchanan (PXO, Naval Health Clinic Corpus Christi), CAPT Kathleen Hinz (XO, Naval Health Clinic Charleston), CAPT Karin Warner (PXO, Naval Health Clinic Patuxent River), and CAPT(s) Donna Bradley (PXO, Naval Hospital Beaufort). *Not pictured:* CAPT Martha Cutshall (PXO, Naval Health Clinic Oak Harbor).



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Reserve Corner: Honoring Our Navy Nursing Mentors



Tina Alvarado
RDML, NC, USN

Deputy Director, Reserve Component

The month of March was dedicated to recognizing Women in History and I had the privilege of presenting at the Bureau of Medicine and Surgery's "Women in History" event where I shared multiple accomplishments of many outstanding women, both civilian and military – many of whom were nurses who shaped the course of history. The women mentioned included the likes of Betsy Ross, who created our nation's most cherished symbol, the American Flag; and Harriet Tubman, who guided more than 300 slaves to freedom on the Underground Railroad and who was just honored by being named to feature on the U.S. Treasury's new \$20 bill. However, a discussion of Women's History is not complete without citing the many nurses who played important roles through-

out Navy Medicine's history.

In May we celebrate two other events important to us all, National Nurses' Week and the Navy Nurse Corps 108th Birthday. Let me shine a light on the Navy Nurse Corps birthday and some of its early pioneers. Those who came before us ultimately shape our profession, if not the person we become. In the profession of nursing, our history is filled with such examples. While we recognize and hold precious all of our role models of the past, during the month of May we especially want to call them to mind. Join with me in celebrating our past, the mentors who have a personal impact on your development,

Twenty women were selected as its first members, known as "The Sacred Twenty" as they were the first women to enter Navy service regardless of Corps. You may recall this famous photo exhibited on the Bureau of Medicine's Navy Medicine History Showcase site.

From the 20 nurses seen in this photograph, there was a gradual expansion to 160 nurses on the eve of World War I. Their ages ranged from 25 to 49; they represented 11 U.S. states, the District of Columbia, and Canada. The average length of service was 11.15 years and the first duty station was known as Naval Hospital,



and make a vow to impact the future course of our profession and those who will follow.

The Nurse Corps was established on 13 May 1908, and remained all female until 1965.

Washington, DC. Oh, how we have changed, adapted, and expanded in the last 108 years! Currently we have 4,128 active and reserve component nurses

(continued next page)



Reserve Corner: Honoring Our Navy Nursing Mentors (*cont.*)



partnered seamlessly with our civilian and Federal nursing colleagues in support of Navy Medicine.

I'd like to highlight one of the Chief Nurses noted in this Sacred Twenty list, Lenah Sutcliffe Higbee. She was nominated to be the second Superintendent of the Navy Nurse Corps in 1911. While she held the title of Superintendent, she held no rank. Formal recognition as commissioned officers did not come for Navy nurses until World War II. She served 11 years as the lead Nurse Corps Officer, and due to the need for nurses in World War I, expanded the Corps from 160 nurses in 1917 to 1,386 by 1918. She oversaw the development of the first operational nurse training school and served at the helm during the great influenza pandemic of 1918. She

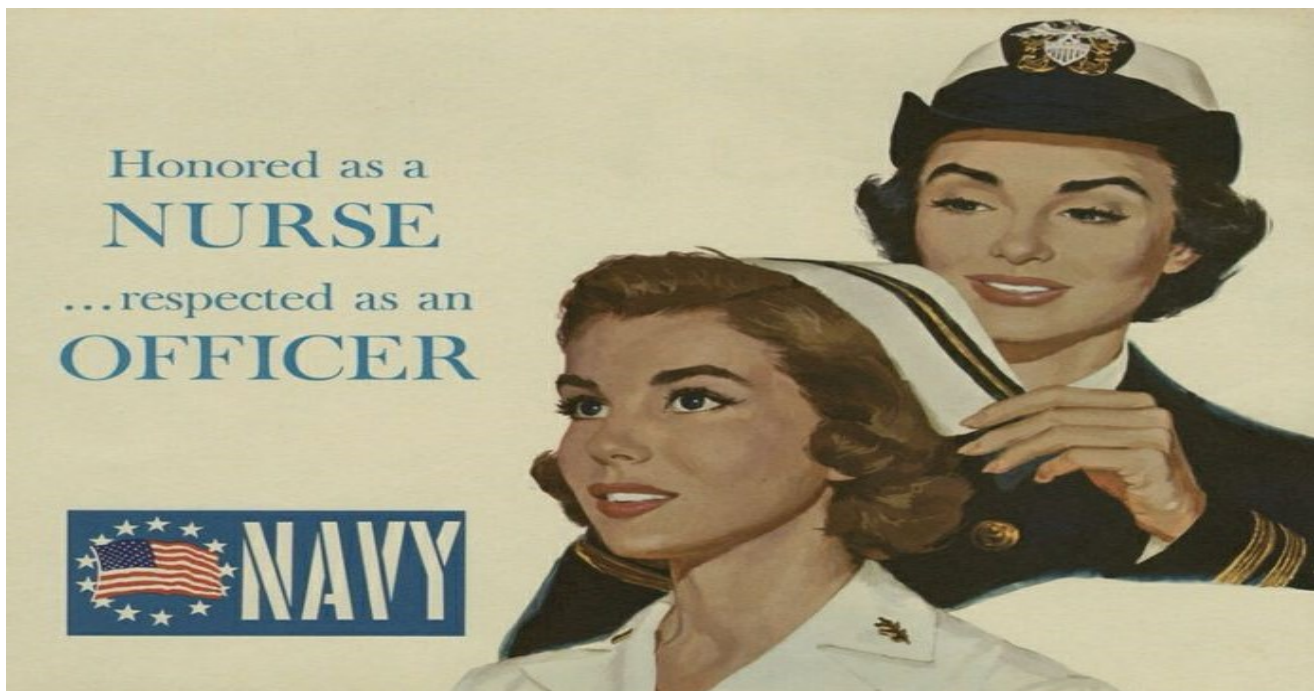
became the first female recipient of the Navy Cross, awarded on 11 Nov 1920. She was further honored by the naming of a ship named for her. The *USS Higbee* (DD/DDR-806), a Gearin-class destroyer in the United States Navy during World War II, was the first U.S. Navy combat warship to bear the name of a female member of the U.S. Navy.

Early Navy nursing requirements shared some similarity with requirements of today. A statement from our Navy historical archives noted: "In order to succeed in the Navy, nurses must have an open mind, must encourage deep interest in the Naval Service and must possess the common sense to realize that an adaptability necessary for success must be in the individual since a Military Service cannot adapt itself to a person

or persons." Wow! The requirement of adaptability and resiliency still rings true today!

This month, let's reflect and remember our early pioneers who helped shaped the Nurse Corps of today. Let's also call to mind our personal mentors, those Nurse Corps leaders or fellow shipmates who have inspired us to greater heights and who continue to shape us as leaders. Finally, let's celebrate and foster the unique culture of the Navy Nurse Corps based on Caring, Compassion, and Competence. Today's Navy Nurses are stronger, better educated, and more resilient than ever before and our role in caring for the wounded, our sailors, and their families is more important than ever.

Happy Birthday, Navy Nurses!



Navy Medicine Professional Development Center (NMPDC): DUINS



CDR Daniel Meyerhuber

For all of you looking to further your personal and professional growth, the 2017-2018 DUINS plan has hit the street and available on milSuite. This fantastic opportunity is open to officers who meet administrative requirements to apply and are within their PRD window to accept a new order assignment. Interested officers must have chain of command approval and send me a letter of intent ASAP to

begin the application process. All command endorsed packages must be received in my office by 01 October. Every year we have some programs that go unfilled because of a lack of applicants. I would encourage all applicants to seriously consider applying for an alternate specialty in addition to their primary. I would like to cover a few highlights for this year's plan.

New to this year's plan is a Master of Healthcare Administration leadership track Full Time In-Service at Army Baylor. This track is designed for clinicians who are interested in pursuing a career in Executive Medicine. This program is open to officers who have already attended DUINS previously. This one-year program requires individuals to have at least eight years of clinical experience and meet all administrative requirements to apply.

Also new to this year's program is a Full Time Out-Service Master of Science in Nursing Informatics. As our reliance on in-

formation technology grows, the ability to leverage health information technology is critical. This is especially true of the Electronic Health Record deployment, implementation, and sustainment Navy-wide. Please note this is a separate track from the already established CNIO fellowship at BUMED and different from the Manpower program offered at Naval Postgraduate School.

I would encourage any interested officers to check out my DUINS page on milSuite and discuss options with their SNE, detailer, and specialty leader. Carefully choosing a specialty that meets both your professional and personal goals is one of the biggest decisions you will make as an officer. If you have further questions or concerns, feel free to [send me an email](#) or call (301) 295-5773.

Have an idea for an article or photos of you and your colleagues doing what you do best?

Submit your articles, photos, and BZs through your chain of command to:



DNS/SNEs:

Would you like to see your command featured in our Command Spotlight section?

Contact us to find out how!



Earn a certification or a non-DUINS degree? Selected for an award or honor? For mention in our BZ section, submit your announcements through your chain of command to:



Specialty Leader Update: Pediatric Nursing and Pediatric Nurse Practitioner (1922/1974)

Greetings to all the 1974 and 1922 nurses across the globe! Another six months has passed with our nurses continuing providing excellent care in many ways. We have some updates for both communities listed below.

DUINS opportunities continue to be an excellent method for pediatric nurses to advance their education, while earning a Master's or Doctorate of Nursing Practice degree. The FY 2017 DUINS selectees for the Master of Science in Nursing for Pediatric Clinical Nurse Specialist are **LT Augusta Chavez**, **LTJG Eric Makovsky** and **LTJG Katherine Robins**. The Doctorate of Nursing Practice for Pediatric Nurse Practitioner selectees are **LT Ryan Walter** and **LT Sarah Anderson**. The application pool was extremely competitive as we had many well qualified applicants.

Currently, we have seven nurses training in the 1974 pipeline to become DNP trained Pediatric Nurse Practitioners and four in the 1922 pipeline to become Masters prepared Pediatric Clinical Nurse Specialist. LCDR Davies, the assistant specialty leader, and I are here to answer any questions you may have on the DUINS process and the differences between the two roles and utilization within the Navy. We anticipate an updated DUINS instruction soon, so please ensure you are monitoring the milSuite page for any updates. If you are considering applying, the best advice is to start the process early, learn the BUMED instruction 1520.27, identify the prospective schools, reach out to your command, and find an individual to shadow in the specific role. Know what you are getting yourself into! Reach out to us as the

Specialty Leaders early and often – we can answer many of the questions you may have and if we don't have the answers, we will refer you to someone who does. Pediatric Clinical Nurse Specialist and Nurse Practitioners are both vital roles that make large contributions within our hospitals and on deployments, in both the inpatient and outpatient settings!

Earning certification in your specialty is one way you can set yourself apart from your peers when applying for DUINS. The Pediatric Nursing Certification Board and the American Nursing Credentialing Center both offer certification in pediatric nursing. Study guidelines exist on both websites to help support your preparation. **LT Erica Nicoletti** successfully earned her CPN through PNCB recently. The American Academy of Critical Care Nurses offers a pediatric critical care RN certification. One way to prepare for this certification exam is to complete the Essentials of Pediatric Critical Care Orientation (EPCCO) online didactic program. This program is supported by the NMPDC which has purchased seats for nurses working within PICUs in order to standardize the training for this acute population of patients. Please consider working towards earning your certification as it truly signifies your dedication to pediatric nursing and solidifies your knowledge base in this field.

For our hard-working Pediatric Nurse Practitioners, there are a couple of updates regarding scope of practice related directly to caring for patients with Autism Spectrum Disorder (ASD) and upcoming conferences. Currently, only physicians can diagnose ASD. The DHA working group has developed



LCDR Kathryn Stewart

a proposal for what would delineate competency in ASD diagnosis. It is an extensive training and degree requirement that has not yet been finalized. The next step will be to determine how to change the policy to allow all providers the ability to refer patients for Applied Behavioral Analysis (ABA) therapy. [Click here to learn more about the current policy.](#) Please reach out to me if you are interested in attending the upcoming AAP or NAPNAP conferences. We will continue to push the conference applications forward.

As always, thank you to all the 1922 and 1974 nurses for your dedication to our pediatric patients and supporting our enterprise on a daily basis. Please consider signing up for a milSuite account and joining our [1974/1922 page on milBook](#). LCDR Davies and I encourage you to check the site often as we will place updates on this page. We enjoy working with you and consider it both an honor and privilege to serve as your Specialty Leaders.



Specialty Leader Update: Public Health Nursing (1940)



CDR Carolyn Currie

It is with great pleasure that I assume the role of Specialty Leader for the Public Health Nursing Community! **LCDR Misty Scheel** has done a terrific job of representing the specialty over the past several years. Her dedication and diligence have taken the specialty on a trajectory much steeper than ever imagined. My promise to the community is to do my utmost in continuing to further the Public Health Nursing community towards its fullest potential.

Navy Public Health Nurses have a unique skillset. Their experience, knowledge, and innovation are critical to the Navy Medicine's Readiness, Jointness, and Value goals. They are the leaders in education level and certification for public health nurses across all military branches. Their commitment to move healthcare to a health model will increase

readiness and save precious healthcare dollars. The ability to work in various settings to include combat, humanitarian, and shore-based primary care, as well as other nursing communities, corps, and military services, exemplify the versatility and relevance of the specialty. Highlighted below are a few activities and accomplishments in the community.

-CDR Denise Gechas, Deputy Chief, Public Health Integration, Defense Health Headquarters, is currently working on standardizing the PHA/MHA into a DoD web-based tool. The testing phase began last month.

-LCDR Timothy Whiting, Public Health Nurse at Naval Medical Center Portsmouth, is spearheading a population health initiative to develop Navy Medicine's first ambulatory intensive care. A Bureau of Medicine and Surgery funded pilot program is focused on identifying and prioritizing patients for enhanced primary care intervention.

-CDR Wendy Stone, Naval Hospital Twentynine Palms, and **CDR Heather Sellers**, Naval Hospital Oak Harbor, currently are serving as Directors of Public Health at their commands.

-CDR Amy Drayton, is completing her tour as Director of Population Health, Navy and Marine Corps Public Health Command. **CAPT Richelle Kay-Marriner** will be reporting as Amy's replacement.

-LCDR Tracy Krauss, CNOIC of Residential Treatment Care at Fort Belvoir Community

Hospital, is the recipient of the Navy Junior Military Excellence Award.

I would like to thank **LCDR Scheel** for all she has accomplished for the community and to pass on her Mission and Vision statement for the Public Health Nurse. It is a poignant statement about what it means to be a member of the community. "The ability to follow one's passion using the art of nursing to improve the health of not only the people you see and treat today, but tomorrow and for generations to come."

Thank you again for the opportunity to serve as the Public Health Specialty Leader. The community is rich with talent and innovation. I stand by to assist with challenges and to hear your ideas for advancing our specialty. Please do not hesitate to contact me via phone or [e-mail](#).



Earn a certification or a non-DUINS degree? Selected for an award or honor? For mention in our BZ section, submit your announcements through your chain of command to:



Specialty Leader Update: Nurse Midwives/Women's Health Nurse Practitioners (1981/1980)

Greeting from the 1981/1980 Community. This month, I'm highlighting the Spring graduation of the first DUINS Doctor of Nursing Practice (DNP) prepared Navy Nurse Midwives! Each has successfully completed a three-year program and earned her DNP degree. Congratulations!

According to the American Association of Colleges of Nursing (AACN), some "...benefits of practice-focused doctoral programs include: the development of needed advanced competencies for increasingly complex clinical, faculty and leadership roles; and enhanced knowledge to improve nursing practice and patient outcomes." Hence, I would like to feature briefly what each DNP Navy Nurse Midwife has specifically focused on for her capstone project.

LCDR Stacey Hamlett graduates in May from the University of Florida (dissertation "Evaluating the Impact of a Nitrous Oxide Program in Labor and Delivery") and will report to Naval Medical Center Portsmouth. "I was interested in taking this project on because nitrous oxide has been shown to be safe, effective, and result in fewer adverse outcomes when compared to epidural. However, there are still a small percentage of U.S. health care facilities that offer it. My hope is this study will inform our patient population and Navy Medicine to the value of using and implementing nitrous oxide at MTFs based on scientific evidence of patient outcomes. Furthermore, in my own practice, I plan to use this information as evidence regarding the utility and safety of nitrous oxide in labor and delivery, and advocate its implementation at other facilities."

LCDR Katie Schulz graduated in March from the University of Washington (dissertation "Increasing Provider Utilization of Immediate Postpartum Long Acting Reversible Con-

traception (LARC) in the State of Washington") and reported to USNH Yokosuka. "I partnered with Washington State Department of Health (WA DOH) to increase provider utilization of immediate postpartum (pp) LARC (i.e. IUDs, Nexplanon), as a method for reducing unintended pregnancy rates. The purpose of this project was to assist WA DOH in exploring institutional and provider barriers, and identify strategies which would support an increase in immediate pp LARC utilization. I provided a toolkit/roadmap to WA DOH and partnering health care organizations to facilitate implementing the practice of immediate pp LARC service. I'm interested in this project because I'm passionate about strengthening women's contraception access and preventing unintended pregnancies. I want to empower women to plan their pregnancies at times that are best for their families and careers."

LT Leah McCoy (Durkin) graduates in May from Baylor University (dissertation "Development and Implementation of an Intermittent Fetal Heart Rate Auscultation Policy and Protocol for Low-Risk Laboring Women at Naval Hospital Bremerton (NHB)") and will report to Naval Hospital Camp Pendleton. "I reviewed research outcomes associated with intermittent auscultation (IA) versus continuous fetal heart rate monitoring. I formulated a protocol based on practice guidelines from: ACNM (America College of Nurse-Midwives), AWHONN (Association of Women's Health Obstetric, & Neonatal Nurses), ACOG (American Congress of Obstetricians & Gynecologists), SOGC (Society of Obstetricians & Gynaecologists of Canada), and NICE (National Institute for Health & Care Excellence). I then provided several IA educational sessions to NHB nursing staff, followed by an evaluation of beliefs and barriers



CAPT Maria Perry

ers to IA implementation through conversations and questionnaire completion by the nurses. Ultimately, I would like to see this IA policy and protocol be implemented at other MTFs. My project not only provides a standardized evidence-based approach to fetal heart rate monitoring in low-risk women, it promotes physiologic birth and refocuses the multidisciplinary obstetrical healthcare team towards hands on labor support – two IA consequences which have been associated with enhanced maternal and newborn outcomes."

LT Serina Hernandez graduates in May from Baylor University (dissertation "Calcium Supplementation for the Prevention of Preeclampsia: An Evidence Based Practice Change") and will report to Naval Hospital Twentynine Palms. "I became interested in this topic as a result of the *Lancet's* series on midwifery. An article within the series listed effective and ineffective midwifery care practices. Calcium supplementation for the prevention of hypertensive disorders of pregnancy was identified as an effective practice. Upon further review, I found this practice recom-

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Nurse Midwives/Women's Health Nurse Practitioners (1981/1980) (cont.)

mended by: WHO (World Health Organization), SOGC, American Stroke Association, American Heart Association, and Cochrane Collaboration. Additionally, it was represented within the VA/DoD Perinatal Guidelines. However, most guidelines recommended supplementation for women with low calcium dietary intake or who were at high risk for preeclampsia, without any guidance on efficacious evaluation of such dietary deficit. Thus, my capstone project addressed this gap through the utilization of a simple NIH screening questionnaire tool. The tool determines which patients have low dietary calcium intake. I plan to bring these initiatives into my practice. Additionally, I appreciate the

benefit to align these measures with the existing VA/DoD Perinatal Guidelines, and reduce the occurrence of preeclampsia.”

Congratulation and thank you to all our new DNP Nurse-Midwife graduates! Your knowledge and professionalism will continue to bolster nursing practice and the care we all provide to our patients and their families.

Finally, as I mentioned over the last few years at this time, if you are thinking of applying for a 1981 DUINS billet, please make sure to take every opportunity to “shadow” a certified nurse midwife, when possible. We function in both the outpatient and the inpatient arenas (Centering and routine prenatal care,

postpartum care, women's health, labor and delivery, and first assistance with C-sections). Our 1980/1981 community is often called upon for humanitarian missions, to take the lead with providing skilled sexual assaults medical-forensic examinations, and we are instrumental with the training of Family Practice residents. I will be turning over the 1980/1981 Community Specialty Leader role within the next few months. However, until then please feel free to contact me for any DUINS or general 1980/1981 questions.

U.S. Naval Hospital Guam is CNOR Strong!

The OR Nursing team at U. S. Naval Hospital (USNH) Guam has been recognized by the Competency and Credentialing Institute as a CNOR Strong facility. This is achieved when at least 50% of eligible perioperative nursing staff is CNOR certified and the facility consistently recognizes and rewards nurses who become CNOR certified or recertified. Through the command's achievement of a high percentage of certified nurses, the facility advances a culture of patient safety. Research shows that nurses who earn the CNOR credential have greater confidence in their clinical practice, having validated their specialized knowledge in perioperative nursing. Thus, a team of CNOR certified nurses who have mastered the standards of perioperative practice furthers a culture of professionalism which correlates to improved outcomes in surgical patients.

All five OR nurses at USNH Guam are CNOR certified. They

perform an average of 110 surgical procedures monthly.



LCDR James Zmijski, LT Marisol Armora, LT Christina Westbrook, CDR Tom Olivero, and Lcdr Jane Stamey.



Army-Baylor Team Takes 3rd Place at the 2016 National Clarion Case Competition

LCDR Jonathan D. Levenson

What if I were to tell you that there is a place in this world where the life expectancy of the average man is 47 years of age? An area where the infant mortality rate is twice the national average and the suicide rate for the teen population is 1.5 times higher? Now what if I told you that this population resides in the southwest corner of South Dakota? I am talking about the Sioux Tribe of the Pine Ridge Reservation, where it is not a matter of “if” diabetes and obesity it will happen, but “when.” The tribe is dealing with health disparities statistics that on par with countries like Afghanistan and Haiti, yet they obviously live well within the borders of the United States. Now, how would you address these health disparities?

This was the very question that the multi-professional team of students from the Army-Baylor Graduate Studies in Health and Business Administration addressed at the 2016 National Clarion Case Competition. This annual, nationwide case competition, which is hosted by the University of Minnesota, is designed to enable health professional students an opportunity to discover a more complete perspective on patient safety in the modern healthcare environment and to propose solutions of improvement. The team is comprised of four students, representing at least two disciplines, who are given about six weeks to create a root-cause analysis to a fictionalized case study that deals with patient safety. The team then presents their analysis to a panel of inter-professional judges who evaluate their analysis in the context of real world standards of practice.

[Click here for more information](#)

about Clarion.

This was the first year that Army-Baylor competed in this competition and, by placing third, they joined a long line of many national team competitions where Army-Baylor has placed. For 2016, the Army-Baylor team was comprised of an emergency/pediatrics physician (COL Bonnie Hartstein, MC, USA), a finance/comptroller administrator (CPT Phillip Kaberline, MS, USA), a healthcare administrator (Capt. Desbah Yazzie, MSC, USAF), and a Navy Nurse Corps officer (LCDR Jonathan Levenson, NC, USN). This strong, inter-service structure afforded the team a diverse and experienced approach to tackle this daunting problem. The result was a holistic approach that aimed to increase tribal ownership and trust in the healthcare system while addressing multiple other aspects of care. Their recommendations include: a proposal for the possible creation of a single Medicaid state for all American Indians with income up to 138% of the national poverty limit, increase tribal ownership by the use of executive level leadership and the use of Cultural Brokers, combat specific health disparities with mobile dental clinics and school based health and outreach programs, and improvements in housing and water sources on the reservations. The key strength of the team’s proposal was the fact that each program recommended in this project was tied directly into current and future funding sources of the Affordable Care Act and the Presidential budget proposal of 2017.



MAJ D. Saxton, MS, USA (Advisor); CPT P. Kaberline, MS, USA; COL B. Hartstein, MC, USA; Capt. D. Yazzie, MSC, USAF; Lcdr J. Levenson, NC, USN; Lt. Col. J. Richter, MSC, USAF (Advisor)

You may be asking how to go about addressing such a large healthcare problem. The answer to that lies in the Army-Baylor Health and Business Administration program. This is just one example of the many healthcare issues that one is exposed to at Army-Baylor. However, the skill sets that are taught through the didactic year helps you build a foundation to become the next generation of healthcare leader. Though skills are part of the foundation for future leadership, the key strength of Army-Baylor program and what helps set the program above many other program in the country is the shipmates who learn alongside you! The experiences that are shared across the student body are from years of exposure to operational and clinical conditions that afford you the opportunity to learn in a joint environment unlike anything available from other Masters programs. The success of the alumni, the expertise of the faculty, and the strength of the curriculum at Army-Baylor, has earned the #7 ranking in *U.S. News and World Report*! [Visit the Army-Baylor website for more information.](#)



The 2016 SNE Business Meeting Leadership Intern Experience



(Front Row): CAPT Valerie Morrison, LCDR Kimberly Vesey, LCDR Sarah Gentry, LT Alex Tonsberg, LTJG Faith Fuentes.

(Back Row): LT Krystal Howell, LT Cedric Mitchell, LT Brandon Sartain, LT Lisa Czubernat.

The annual Senior Nurse Executive (SNE) business meeting was held at the Defense Health Headquarters from 15-17 March. This was a great opportunity for SNEs from all over the globe to come together to learn and discuss important leadership topics and business matters.

Some of the key presenters included the Surgeon General, VADM Faison; the Deputy Surgeon General, RDML Moulton; VADM Bono of the Defense Health Agency; Nurse Corps Deputy Director, Reserve Component, **RADM Alvarado**; Nurse Corps Deputy Director, **CAPT Roy**; as well as many civilian experts including **RADM (Ret) Christine Bruzek-Kohler**; **CAPT (Ret) Ginny Beeson**; **Dr. Martha Turner**; and **Ms. Katie Boston-Leary**.

This year marked the second year that officers, O2-O4, were able to apply for selection to participate in this high-level leadership experience as Nurse Corps Leadership Interns (NCLI). Six active duty and two reserve Nurse Corps Officers were selected from a pool of applicants. The NCLIs arrived one day prior to the main body of attendees to assist in final preparations ensuring a successful event.

Throughout the three days, NCLIs introduced keynote speakers, aided in the use of technology, maintained a busy presentation schedule, and acted as intern aide for RADM Alvarado. They also played a critical role in conducting the live VTC. The experience provided NCLIs a front row seat to interact directly with the most senior nursing leadership

throughout the Navy Nurse Corps, both active and reserve components. The SNEs conveyed the importance of the NCLIs, stating they are “the future of the Nurse Corps.”

For the Leadership Interns, the experience was not only motivational but inspirational as well. **LT Krystal Howell**, from Naval Health Clinic Cherry Point, spoke to her experience as “a testament to the SNEs and their investment in the future. The SNE business meeting has provided me with a greater understanding of the direction leaders want the Nurse Corps to progress, as well as providing me with vital knowledge and tools I will utilize throughout my Naval ca-

(continued next page)



The 2016 SNE Business Meeting Leadership Intern Experience (*cont.*)

reer.”

For **LT Alex Tonsberg**, the experience brought back memories of a training exercise at Fort Dix, NJ, prior to deploying to Afghanistan. There she led a convoy of 12 up-armored Humvees in the wrong direction across the base and was forced to make “a spectacular U-turn.” This had taught her that leadership was difficult and sometimes required U-turns. However, she feels that with the knowledge and insight she has gained by receiving the same information that was provided to such senior members of the Nurse Corps, she will be able to negotiate her own leadership U-turns in a more dignified fashion. For her, the NCLI experience will be a prominent memory.

LT Lisa Czubernat, from Naval Hospital Beaufort, has been a catalyst for process improvement and mentorship as a Nurse Corps Officer. Because of this, her most rewarding part of the SNE internship was being formally recognized by **CAPT Morrison** for her respectful suggestion and challenge to the SNEs at the conference to implement a SNE mentorship program at their respective commands. “A SNE mentorship program would plant an early seed in the career path of the junior Nurse Corps Officer and would align with the new Navy Nursing Professional Practice Model focus of professional development and transformational leadership.”

The experience was well worth the international trip for **LCDR Sarah Gentry** of U.S. Naval Hospital Okinawa, Japan. “There was a wealth of information provided

during the business meeting, not only regarding the Nurse Corps, but Navy Medicine as a whole. I think one of the most important responsibilities of the Leadership Interns is to go back to our commands and help share this information with our fellow nurses and corpsmen. I believe if individuals have a better appreciation of the bigger picture, they are better able to understand their individual role and importance to Navy Medicine.”

LT Brandon Sartain, from Walter Reed National Military Medical Center, summed up his experience of the SNE business meeting as one that was “eye-opening” and “inspirational.” He added, “It was truly an honor to be surrounded by some of the Navy’s finest leadership and to hear, first-hand, the future direction of the Navy Nurse Corps. It is a side of Navy leadership that Junior Officers do not get exposed to often, and having the opportunity to participate in such an event provides great insight into the minds of the Navy’s top decision-makers. I look forward to attending this event again, either as an intern or as a SNE!”

LCDR Kimberly Vesey, from Naval Hospital Camp Pendleton, felt this was one of the best opportunities she has had while serving in the Nurse Corps. “This experience not only helped me to know what is expected of senior leaders, but how to assist them and pass this message down to the deck plate so junior nurses understand the mission of the Nurse Corps.”

LTJG Faith Fuentes stated,

“I have thoroughly enjoyed working with **CAPT Morrison**, **CAPT Weaver**, the SNEs, and the other interns and am humbled to have been selected for this opportunity. As my detachment's Nurse Corps Liaison Officer in the Navy Reserve, I collaborate with **CDR Mintz** on matters affecting our nurses. The SNE conference proved tremendously insightful for me as a Junior Officer and equipped me with the resources necessary to guide my colleagues as well as my own career as a reservist and perioperative nurse. I admire our SNEs as role models and aspire to emulate the same qualities they exude on personal and professional levels.”

All of the Leadership Interns would like to take this opportunity to thank **CAPT Valerie Morrison** and **CAPT Irene Weaver** for providing mentorship and the opportunity to participate in the SNE business meeting. The experience was influential to the future of the Navy Nurse Corps, and we encourage anyone who is interested to apply for this extraordinary opportunity next year.

Requests for nominations to be a 2017 Leadership Intern will be sent out in the January/February 2017 timeframe. The point of contact is the Assistant Director for Career Plans at (703) 681-8922.



Bravo Zulu!

Certifications:

- **LT Jessica Diaz-Fuentes**, from Naval Hospital Twentynine Palms, earned the Certified Emergency Room Nurse (CEN) certification.
- **LT Brandi Gibson**, from Naval Health Clinic Annapolis, earned the Neonatal ICU Nurse certification.
- **LTJG Elisha Gowen**, from U.S. Naval Hospital Guam, earned the Medical-Surgical Nurse (RN-BC) certification.
- **LTJG Olivia Grazak**, from Naval Hospital Camp Lejeune, earned the earned the Psychiatric-Mental Health (RN-BC) certification.
- **LTJG Carolyn Higgins**, from Naval Hospital Camp Lejeune, earned the Medical-Surgical Nurse (RN-BC) certification.
- **LTJG Kristin Hildebrand**, from U.S. Naval Hospital Guam, earned the Inpatient Obstetrics (RNC-OB) certification.
- **LT Sarah Hull**, from U.S. Naval Hospital Guam, earned the Critical Care Registered Nurse (CCRN) certification.
- **LT Michelle Indiano**, from U.S. Naval Hospital Guam, earned the Critical Care Registered Nurse (CCRN) certification.
- **LT Tracy Isaac**, from Naval Hospital Jacksonville, earned the Ambulatory Care Nursing (RN-BC) certification.
- **LT Ruby Jackson**, from U.S. Naval Hospital Guam, earned the Maternal Newborn Nursing (RNC-MNN) certification.
- **LT Joshua Jones**, from Naval Medical Center Portsmouth, successfully passed the boards for Adult-Gerontology Primary Care Nurse Practitioner.
- **LTJG Brittany Lassanske**, from Naval Medical Center Portsmouth, earned the Critical Care Registered Nurse (CCRN) certification.
- **LCDR Mary Lisec**, from Naval Hospital Camp Lejeune, earned the Medical-Surgical Nurse (RN-BC) certification.
- **LT Rachel Marsh**, from U.S. Naval Hospital Guam, earned the Certified Emergency Nurse (CEN) certification.



- **LTJG Suzanne Papadakos**, from U.S. Naval Hospital Guam, earned the Inpatient Obstetrics (RNC-OB) certification.
- **LTJG Hannah Parker**, from Walter Reed National Military Medical Center, earned the Neonatal ICU Nurse certification.
- **LTJG Christopher Sabatinelli**, from Naval Hospital Camp Lejeune, earned the Psychiatric-Mental Health (RN-BC) certification.
- **LCDR Julie Schaub**, a DUINS student currently attending the University of North Florida, earned the Public Health (CPH) certification.
- **LT Kirsten Strzok**, from Walter Reed National Military Medical Center, earned the Ambulatory Care Nursing (RN-BC) certification.
- **LT Lindsay Swartz**, from U.S. Naval Hospital Naples, Italy, earned the Certified Lactation Consultant (CLC) certification.
- **LT Tristan Vokoun**, from U.S. Naval Hospital Guam, earned the Certified Emergency Nurse (CEN) certification.

Education:

- **LT Jose Chavez**, from EMF Camp Pendleton DET J, earned a Master's degree in Nursing and Acute Care Clinical Nurse certification.
- **LCDR Tracy Krauss**, from Fort Belvoir Community Hospital, earned the Doctorate of Nursing Practice from Johns Hopkins School of Nursing. Her capstone project was entitled "Evidence Based Intervention to Mitigate Stress in Nurses Working in a Military Environment." BZ, Commander!
- **LT Jessica Miller**, from EMF Camp Pendleton DET J, earned the Doctor of Nursing Practice and successfully passed boards for Adult Gerontology Acute Care Nurse Practitioner.
- **LCDR Shirlene Sulatan**, from EMF Camp Pendleton DET J, earned the Doctor of Nursing Practice and successfully passed the boards for Psychiatric Mental Health Nurse Practitioner. She has held a certificate in Family Nurse Practice since 2008.



Professional Practice Model

Navy Nursing
“Ready to be Ready”

Who We Are

The uniqueness of Navy nursing is demonstrated through our core principles of caring, compassion and competence. We are a unified group of active duty, reserve and civilian nurses who sail to all corners of the world to reach those in need. We help promote healing, vitality and professional development for our nurses, and we enhance patient centered care by fostering partnerships among patients and the health care team. “Navy nurses are the Leaders of tomorrow.”

Professional Development

We are committed to lifelong learning, promoting a system of High Reliability, and fostering a culture of safety.



Operational Readiness/Jointness

We are able to function and succeed across a complex spectrum of environments. Our operational readiness and jointness are the versatility of our mission across all theaters.

Transformational Leadership

We inspire followers through environmental needs in a commitment to change for the betterment of the nursing practice.

Sneak Peak! The Professional Practice Model was rolled out in the recent SNE meeting. You'll be seeing and hearing more about it in the coming weeks.

